

MIKE BEEBE

ATTORNEY GENERAL OFFICE OF THE ATTORNEY GENERAL 323 CENTER STREET, Suite 200 LITTLE ROCK, AR 72201-2610 (501) 682-6150

PROFESSIONAL TELEMARKETER APPLICATION FOR REGISTRATION								
Professional Telemarketer's Name: Paid Solicitor's Name:								
INS	STRUCTIONS:							
	A. Answer all items completely. This form will be returned without filing if it is incomplete, contains blank responses, or otherwise fails to comply with Ark. Code Ann. § 4-28-401 et seq.							
	B. Include a \$10.00 annual registration fee, payable to the Office of the Attorney General.							
	C. You must notify the Consumer Protection Division of any change(s) in the information contained in this application within thirty (30) days of any such change(s). Notification of change(s) must be in writing. This form should be used to notify the Consumer Protection Division of such change(s).							
	D. Attach an executed copy of Irrevocable Consent for Service.							
	E. Do not leave any question blank. Write "N/A" if not applicable.							
	F. File with: Office of the Attorney General - Consumer Protection Division ATTN: Fund-Raiser Registration 323 Center Street, Suite 200 Little Rock, Arkansas 72201-2610							
1.	This application is (check one):							
	☐ New (fee required) ☐ Renewal (fee required) ☐ Information change only (no fee required)							
2.	Name, address, and telephone number of principal place of business of professional solicitor registrant:							
	FULL NAME () TELEPHONE NUMBER							
	STREET ADDRESS/ACTUAL PHYSICAL LOCATION							
	MAILING ADDRESS (if different from above)							

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (extension)

NAME JOB TITLE	TE	LEPHONE NU	MBER
ADDRESS	CITY	STATE	ZIP CODE
Work address(es) and telephone number(s). Thin activities.	s means the address(es)	from which yo	u will be conducting
STREET ADDRESS/ACTUAL PHYSICAL LOCA	ATION CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
STREET ADDRESS/ACTUAL PHYSICAL LOCA	ATION CITY	STATE	ZIP CODE
MAILING ADDRESS	СІТҮ	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	TELEPHONE NUM		
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
Name(s), alias(es), assumed name(s), and/or fictitious name(s) under which you intend to solicit contributions:			
Other name(s), alias(es), assumed name(s), and/or fictitious name(s) under which you have ever been known:			
Name, address, and telephone number of paid solic		sional telemarket	er is to be employed:
		(er is to be employed: NE NUMBER

	e and/or order:				
	Have you ever been sued and/or assessed civil penalties for fund-raising-related activities? No Yes If so, explain and attach a copy of any such judgment, notice, and/or order for such occurrence(s):				
Have settler	you ever entered into or been subject to any assurance of voluntary compliance, cease-and-desist order, or other prinent with any governmental authority? No Yes If so, explain in detail and attach a copy of any such documen				
Have state t	you ever been charged, arrested, and/or convicted of a crime other than a minor traffic offense? No Yes I the charge(s), the state(s) involved, and, if convicted, attach a copy of each relevant judgment and/or court order:				
	at other states have you ac	cted as a professional telemarketer?			
Speci	Telephone appeals	and/or fund-raising activities that you Sale of goods or services	intend to engage in, in the State of Arkansas: Combined appeals		
ш					
	Special events	☐ Auctions	Other		
	Special events Direct mail	☐ Auctions☐ Door-to-door solicitations	Other		
	Direct mail	☐ Door-to-door solicitations			
	Direct mail	<u>_</u>			
	Direct mail	☐ Door-to-door solicitations			
List th	Direct mail the charitable organization	☐ Door-to-door solicitations s for whom you will be soliciting (if	known):		
List th	Direct mail the charitable organization	Door-to-door solicitations s for whom you will be soliciting (if	known):		
List th	Direct mail the charitable organizations registrant a corporation of Name of corporation/e	Door-to-door solicitations s for whom you will be soliciting (if			
List the	Direct mail the charitable organizations registrant a corporation of Name of corporation/e	Door-to-door solicitations s for whom you will be soliciting (if r other entity (not an individual)? entity nt is incorporated and/or organized	known):		

17.	and/or assessed civil penalties for fund raising-	have any officers, directors, partners, managers, or supervisors ever been sued related activities? No Yes If so, explain in detail and attach copies of er for each such occurrence (attach additional sheets if necessary):			
If the response to question 16 above is "yes," have any officers, directors, partners, managers, or super charged, arrested, and/or convicted of a crime other than a minor traffic violation? No Yes If so, so jurisdiction(s) involved, and if convicted, attach a copy of each relevant judgment and/or court order:					
19.		state the names, addresses, and telephone numbers of all persons (including associations, partnerships, and/or corporations) that own a ten percent (10%) ional sheets if necessary):			
	(a) (b)_				
	(c)				
20.	Provide a detailed description of any other business related to fund-raising conducted by the registrant or any person who owns ten percent (10%) or greater interest:				
I swe	wear and/or affirm under penalty of law that the re	presentations made in this application are true and accurate.			
		Date Signed:			
	Name of Professional Telemarketer				
By:	:				
	(Printed Signature)	NOTARY			
STAT	ATE OF				
) ss. OUNTY OF				
COU.		News Dallie is and for a id Courts and State dain.			
	SUBSCRIBED AND SWORN to, before me, a, 200	Notary Public in, and for, said County and State, this day of			
	Si	ignature of Notary Public			
	— Pr	rinted Signature			
My C	Commission Expires:				



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IRREVOCABLE CONSENT FOR SERVICE

PROFESSIONAL TELEMARKETER					
It is hereby agreed that consent for service binding on this organization as if due service had be	is irrevocable, and service on the Attorney General of the State of Arkansas shall be en made on its agents in person.				
Date Signed	Professional Telemarketer Signature				
	Printed Signature				
	NOTARY				
STATE OF					
SUBSCRIBED AND SWORN to, before, 200	e me, a Notary Public in, and for, said County and State, this day of				
	Signature of Notary Public				
	Printed Signature				
My Commission Expires:					